2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2000 8:00 am **DOCUMENT # V27959** Secretary of State THE BEEMER COMPANY OF CENTRAL FLORIDA, INC. 03-30-2000 90007 042 ***150.00 Mailing Address Principal Place of Business 5100 CRANES POINT COURT 5100 CRANES POINT COURT ORLANDO FL 32839 ORLANDO FL 32839 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3119415 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEEMER, JAN 5100 CRANES POINT COURT ORLANDO FL 32839 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F ☐ Delete NAME BEEMER, JAN C. NAME STREET ADDRESS 5100 CRANES POINT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition ☐ Change ☐ Delete TITLE NAME BEEMER, JAN C. STREET ADDRESS 5100 CRANES POINT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if opening of the company with an address with all other life company.

changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR